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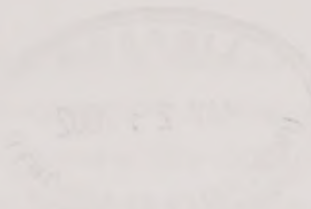
# Aboriginal Head Start On Reserve Program First Nations and Inuit Health Branch



## 1999-2000 ANNUAL REPORT

3 1761 11554923 0

Cat. No. H33-1/2000E  
ISBN 0-662-30525-6



# **Aboriginal Head Start On Reserve Program**

## **National Annual Report**

**1999 - 2000**

Submitted to: Treasury Board Secretariat

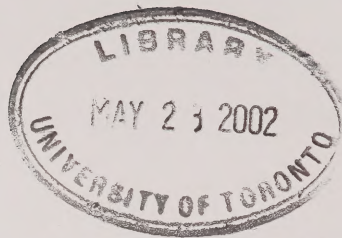
Submitted by: Health Canada

First Nations & Inuit Health Branch

Community Health Programs Directorate

Health Programs Support Division

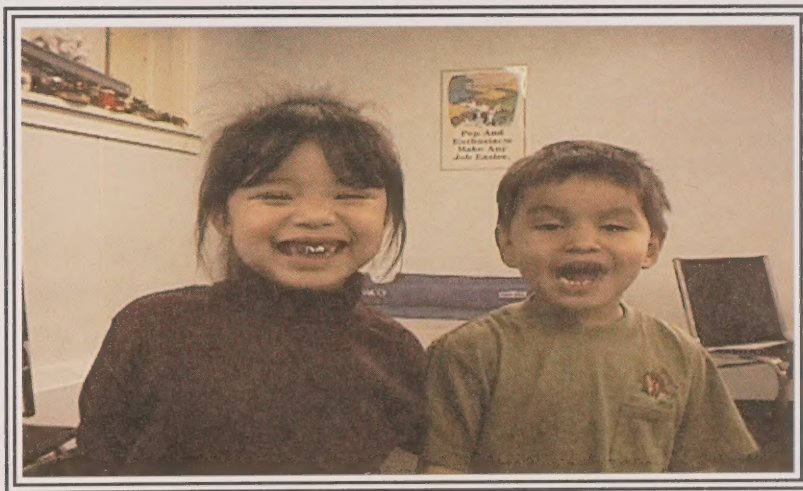
September 2000





## Foreword

The purpose of the Aboriginal Head Start On Reserve Program National Annual Report is to provide information on the progress of the ongoing implementation and operational activities of the AHS program on reserve in 1999 - 2000. This comprehensive national report was compiled using detailed expenditure data and substantive project and regional reports from communities, regions, and the First Nation and Inuit Health Branch (FNIHB) of Health Canada. The 1998 - 1999 AHS On Reserve Program National Annual Report was also utilized in compiling information for this report. In the interest of promoting transparency and collaborative partnerships as well as program accountability, the Aboriginal Head Start On Reserve Program National Annual Report for 1999-2000 will be shared with national and local First Nations and Inuit organizations and communities, Health Canada regional and national offices, other departments/agencies involved in child development, and the Treasury Board.




The purpose of this report is to provide a summary of the activities and achievements of the Aboriginal Head Start On Reserve Program for the year 1999-2000. The report is organized into four main sections: Introduction, Program Description, Financial Information, and Conclusion. The Introduction section provides an overview of the program and its goals. The Program Description section details the various services and activities provided to the program's participants. The Financial Information section provides a summary of the program's budget and expenditures. The Conclusion section provides a summary of the program's achievements and a look forward to the future.



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## Introduction

In 1995, the government of Canada established Aboriginal Head Start (AHS) to help enhance child development and school readiness of Indian, Metis and Inuit children living in urban centres and large northern communities.

The goal of AHS is to instil a sustaining, caring, and nurturing environment for pre-school children based on a holistic model encompassing the emotional, spiritual, physical, and mental health needs of children for life long learning. AHS is a school readiness and early intervention program involving the parent and community to support the developmental needs of children. AHS supports early child development by providing a framework for strategies that are designed and controlled by Aboriginal communities. It sets out to provide opportunities for First Nations Aboriginal pre-school children to develop a positive sense of themselves and to encourage a desire for learning, as well as to give them opportunities to develop fully and successfully throughout their lives. Essentially, AHS aims to mitigate the negative health effects experienced by some Aboriginal children due to high rates of poverty and lack of social supports in Aboriginal communities.

Since the original AHS program was announced in 1993-94, First Nations advocated for AHS to be expanded to on reserve communities. The need to expand AHS to on reserve communities was evidenced by the health status of First Nations people which continues to lag behind that of other Canadians. First Nations children experience the highest levels of poverty and worst health outcomes among Canadian children. It is necessary to ensure that First Nations communities have the knowledge and resources to enable their children to have the best possible opportunities to develop and achieve their fullest potential. Research indicates that programs such as AHS lead to concrete improvement in reading skills, cognitive development, enhanced self esteem, lower school absenteeism and improved health.

## Expansion of AHS to On Reserve First Nations

On October 19, 1998, the expansion of the AHS program to First Nations children and families on reserve was officially announced. The joint announcement included: Minister Allan Rock, Health Canada; Minister Jane Stewart, Indian Affairs and Northern Development; the Honourable Ethel Blondin-Andrew, Secretary of State, Children and Youth; and National Chief Phil Fontaine, Assembly of First Nations. This expansion was a result of commitments made in *Gathering Strength - Canada's Aboriginal Action Plan*, *Securing Our Future Together* and the September 1997 *Speech from the Throne*. The AHS program expansion also adheres to the recommendations of the Royal Commission on Aboriginal Peoples and the need to ensure the healthy early development of all Aboriginal children.

The AHS On Reserve Program is designed to prepare young First Nations children for their school years by meeting their emotional, social, health, nutritional and psychological needs. The AHS program framework was adjusted to reflect the First Nations operating environment to consider such things as existing child development initiatives and community activities. The AHS On Reserve program retains the six core components including: culture and language, education, health promotion, nutrition, social support programs, and parental and family involvement.

The development and implementation of the AHS On Reserve Program is the result of collaborative efforts, both at a national and regional level of First Nations communities and organizations, FNIHB, Health Canada; Health Promotion and Programs Branch, Health Canada; First Nations partners; Human Resources Development Canada (HRDC) and the Department of Indian Affairs and Northern Development (DIAND).

The AHS On Reserve Program is designed to meet the unique needs of First Nations children and families while ensuring complementarity and integration with existing children's programs. The government currently funds a number of programs that address healthy early child development including DIAND's Kindergarten (K4/K5) program, HRDC's First Nations Child Care initiative and Health Canada's Brighter Futures Initiative. The AHS On Reserve Program will build upon the components for healthy early child development addressed by existing programs to fill gaps and to enhance and complement existing programs which will result in more comprehensive and integrated programming for children and their families. The AHS On-Reserve program has completed its second full year of implementation and operations, and First Nations are continuing to be encouraged by the program delivery in their respective communities.

## **Funding**

Treasury Board approved funding for the expansion of AHS On Reserve Program at \$100 million over four years beginning with \$15 million in 1998/99, \$33 million in 1999/2000, \$27 million in 2000/2001, \$25 million in 2001/2002, and \$25 million per year on-going.

Allocation of AHS dollars involved a two step process. Firstly, funds were distributed to First Nations and Inuit Health Branch regions based on the existing Assembly of First Nations population-based formula which was modified to target the 0 - 6 years on reserve population. Remoteness cost factors for service delivery were also considered in the formula for distribution of funds to regions. Each region was advanced \$115,000 to address administration, coordination, regional committee meetings and operations. Secondly, communities were required to submit proposals to apply for project funding against the regional budget. Projects were then assessed by regional First Nations Head Start committees against national criteria. Considerations were made to include existing programming, such as the HRDC Day Care funding, and the DIAND K4/5 funding. Once



proposals had been approved for funding, regions were required to fund those projects for a period of three years.

Although progress was made in the implementation of the AHS On Reserve Program, it was not without its challenges. Many First Nations on reserve have objected to the proposal driven process in favour of a per capita approach. In the current fiscal year 1999/2000 there was a variety of funding approaches that were utilized across the country. Allocations were transferred from the national office to the regions for their administration. Regions requested funding from the national office to ensure that AHSOR requirements were met.

All projects were encouraged to maximize existing infrastructures, but some were able to do so to a greater degree than others. This resulted in a surplus of AHS On Reserve dollars, which was reallocated to other health related issues on reserve. Concern was voiced about this inability to carry dollars over from one year to another. The national committee is undertaking measures on both a national and regional level to minimize the surplus, thus ensuring that the funding is directly utilized for AHS On Reserve programs.

## **National Advisory Committee and National Activities**

The mandate of the National Advisory Committee is to provide advice, expertise, guidance and program direction on the overall national implementation of the AHS On Reserve Program. The National Advisory Committee addresses concerns that are national in nature, which include evaluation, training, and program standards and reporting requirements. The National Advisory Committee also identifies opportunities for joint activities and linkages with existing children's programs in areas including knowledge transfer, staff training, curriculum development, resource material development, and evaluation support.

To fulfill its mandate, the National Advisory Committee met a number of times throughout the year: April, May, June, July, and October 1999, and January and February 2000.

The National Advisory Committee is comprised of eight (8) voting members:

- Seven (7) First Nations representatives, one from each of the regions;
- One (1) First Nations and Inuit Health Branch representative from the National Office.

As stated in the Terms of Reference, there are also non-voting members who serve as technical advisors/observers to the committee. The National Advisory Committee operates by consensus. The committee is co-chaired by a First Nations regional representative and a FNIHB representative.

The Technical advisors are mainly drawn from representatives from national First Nations organizations and governmental departments and include:

- Assembly of First Nations;
- Native Women's Association of Canada;
- A member from the community at large with expertise in child care;
- A member from the community at large with expertise in early childhood education;
- Department of Indian Affairs and Northern Development (DIAND);
- Human Resources Development Canada (HRDC); and
- Health Canada, Population and Public Health Branch (PPHB).

FNIHB provides secretariat support to this committee.

In order to facilitate the work of the National Advisory Committee, there have also been a number of smaller working groups struck that have been tasked with such activities as: drafting of a Standards Resource Tool; drafting of a National Reporting Template; overseeing the National Training Conference and overseeing work in the area of Communications. These committees include First Nations representatives from the National Advisory Committee and FNIHB representatives. The activities undertaken by the National Committee in 1999-2000 included the following:

### **A) Accountability/Evaluation**

The National Evaluation Framework which will be used as a basis for completing the necessary project evaluations over the next several years was completed and submitted to Treasury Board on July 30, 1999. The National Advisory Committee tasked a sub-group with drafting and testing a national reporting template with feedback expected from pilot sites and other interested communities by June 2000. The revised draft will then be reviewed for approval by the National Advisory Committee in the fall of 2000.

A comprehensive national report on the progress of implementation of the Aboriginal Head Start On Reserve (AHSOR) is also a requirement of the program and the first Annual Report (1998-1999) was compiled and forwarded to Treasury Board in October 1999. Information from projects as reported in accordance with the contribution agreements has provided more substantive information for this National Annual Report for 1999-2000

### **B) National Training Workshop**

The second National Training Workshop was held in Calgary, Alberta on January 15 - 18, 2000 with well over 350 participants in attendance. Participants were able to attend a variety of workshops including, but not limited to, curriculum development, parenting



skills, and culture and language. The next national training workshop is tentatively scheduled for February/March 2001.

### **C) Standards Resource Tool**

The National Advisory Committee tasked a sub-group with drafting a First Nations Head Start Standards Resource Tool which will provide First Nations with a blueprint of options in developing their own Head Start program standards should they wish to do so. This draft document was sent to all regional committees and projects for feedback with a final draft being submitted to the National Advisory Committee for review and approval by the fall of 2000.

### **D) Communications**

A new poster was completed in March and sent to all regional offices and communities. The National Advisory Committee selected a concept for a AHS pin which will be distributed to regional offices and projects in the fall of 2000.

## **Regional Advisory Committees**

Regional Advisory Committees were established in October 1998, and are composed largely of representatives from First Nations communities and organizations and may also include regional representation from FNIHB, PPHB, HRDC and DIAND. The regional committees ensure there is no overlap and duplication of programs by examining community needs and identifying linkages with existing community programming. The regional committees are responsible for reviewing, assessing, and approving project proposals to ensure that projects are consistent with the national principles and guidelines of the AHS On Reserve Program. In addition, the regional committees are tasked with building on existing relationships and infrastructures for the overall regional management of the AHS On Reserve Program, overseeing the implementation of AHS On Reserve projects and providing on-going monitoring and appropriate liaison with the National Advisory Committee.

Regional committees, in collaboration with FNIHB regional offices, were given the authority to manage the regional implementation of the AHS On Reserve Program and to make appropriate decisions in accordance with national criteria and guidelines.

First Nations and Inuit Health Branch National Office provided a proforma call package (consisting of the call for proposal template, the Guide for Applicants, and the Principles and Guidelines) to assist in the regional calls for proposals.

The regional offices of FNIHB initiated proposal calls throughout the late 1998-1999 fiscal year, and again in the 1999-2000 fiscal year. In order to allow communities who

were not quite ready to submit full proposals, flexibility was extended to the regions regarding the number of proposal calls they initiated.

The established protocol was as follows: once proposals were approved by the regional committees, the regional FNIHB contact completed and forwarded an "AHS Approved Projects Form" to First Nations and Inuit Health Programs, FNIHB, and initiated contribution agreements with the sponsoring organization for the AHS approved projects. This structure allowed necessary information required to flow regional allocations to the respective region and ensure up to date information was available nationally for progress reports.

## **National Overview of Projects**

It should be recognized that the Aboriginal Head Start On Reserve is a new entity, and as such, is still under development. Consequently, not all regions have submitted complete statistics, therefore, the numbers listed in some instances are only approximations. Due to the short length of time the Aboriginal Head Start On Reserve program has been in place, it cannot be expected to see concrete numbers at this time. As with many other new programs, the time of implementation in the different communities may vary considerably.

Subsequent to the calls for proposals in 1999-2000, 373 proposals were received by regional advisory committees nationally. Of those proposals received, 156 proposals were approved for operation, 49 proposals were approved for development, and 168 proposals were declined. In some regions, smaller communities that may not have had the internal structure to support stand-alone projects were encouraged to partner with other communities and to submit multi-community proposals. As a result, the numbers of communities being served is higher than the number of approved projects. Although there are still a number of projects that have not yet begun providing services, it is estimated that there will be over 6500 children served by the AHS On Reserve Projects.

Of the 156 projects that were in approved in the 1999/2000 fiscal year, over 225 communities are expected to be served. In many cases, the projects have been operational only for a month as a result of the many challenges that the projects faced which included a shortage of qualified staff for the projects. The remainder of those approved are in stages of renovation or construction and will not provide services until fall/winter of 2000. One of the challenges that has been faced by northern communities is the lack of roads, and having to utilize a winter road to transport building materials, which in turn extends the time lines for opening and providing services. It is expected that those projects still in development will be in operation by the end of the current fiscal year.

Reports from First Nations & Inuit Health Branch Regions







## Atlantic Region

### Regional Committee Structure and Membership

The regional Aboriginal Head Start committee structure consists of representatives from the four Atlantic First Nations political organizations: The Union of Nova Scotia Indians, the Union of New Brunswick Indians, MAWIW Tribal Council, and the Confederacy of Mainland MicMacs. In addition, linkages have been explored with HRDC, DIAND and PPHB to ascertain and examine integrated approaches towards children's programming. The committee consists of community-based Aboriginal people who possess the required expertise and background in early childhood development, child care and health care education. As well, a regional Health Canada representative and a regional Program Consultant provide advice and expertise to the above committee structure.

### Regional Committee Operations and Activities

The committee has established its operational administrative terms of reference; as well, the committee will be taking action to review/examine committee policies/procedures and protocols that are necessary to meet the rigours/requirements surrounding AHS program delivery within the region. The committee's administrative regime consists of: reviewing projects; responding to program issues, policies, standards; and, ensuring regional commitments and communications that promote the continuity and integrity of the Aboriginal Head Start initiative.

### Regional Committee Costs

The operation costs incurred by the regional committee (fiscal year 1999-2000) were as follows. The following information represents both the administrative and operational costs incurred for program coordination within the region for the Regional Coordinator position of \$81,174.00 and those expenditures associated with operationalizing the regional committee structure, along with some minor program adjustments for \$33,826.00.

### Project Information

A total of 17 project proposals were received and approved. Of these 17 proposals, 16 have been implemented and are currently serving children. The other proposal was re-profiled for development. Of the 16 projects that are operational, there are two that require construction or renovations. All of these sixteen projects have established Parent Advisory Committees. The number of parents that are involved in projects total 202.

Number of proposals received	17
Number of proposals approved	17
Number of developmental projects	1
Number of operational projects	16
Number of projects that required construction	2

While not all of the individual projects have reported, of those that have - over 227 children are currently being served by these Head Start On Reserve projects. There are over 23 children who are on waiting lists for programs at the current time.

Appropriate visits are being made by dental staff, health nurses, public or community health nurses, community health representatives, parent education trainers and child and family services representatives

### **Linkages with other Children's Initiatives**

A significant number of the projects have established linkages with other funding agencies such as DIAND and HRDC's day care program. The projects have established partnerships in order to provide stability and to deliver viable and sustainable programming.

### **Involvement of Smaller Communities**

The smaller projects are being provided with developmental assistance and expertise to maximize their potential to realize the opportunities that can be achieved through having an Aboriginal Head Start program. As well, some of the smaller community sites have developed partnerships to realize program potentials. As a result of these alternative and supportive approaches, synergy is being realized by smaller projects.

### **Site Visits**

Site visits were conducted solely by the AHSOR Coordinator in the Atlantic region. These project sites include: Abegweit, Afton, Big Cove, Conne River, Lennox Island, Millbrook, Shubenacadie, St. Mary's, Waycobah and 4 Directions in both Fort Folly and Boutouche.

### **Regional / Community Evaluation**

The regional committee reviewed and adopted the evaluation tool developed by National Committee. The committee recommended that regional projects incorporate this evaluation tool within the context of their own specific evaluation tools as they develop them.

Communication strategies regarding the evaluation tool are to be addressed and/or actioned within the fiscal year 2000-2001. The various projects will be presented with an overview of the evaluation tool and the reporting requirements for the upcoming new fiscal year.







## Quebec Region

### Regional Advisory Committee Structure and Membership

The Regional Committee on Head Start On Reserve Program (RACHSORP) that had been established during fiscal year 1998-1999, underwent a change due to a transfer of responsibility for childrens' daycare programs from the Assembly of First Nations of Quebec and Labrador (AFNQL) to the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). The existing two committees were amalgamated into a new committee which was responsible for overseeing all of the First Nations Early Childhood programming, including both Child Care and Head Start. The new name of the committee is the First Nations Early Childhood Regional Advisory Committee.(FNECRAC).

The committee is composed of seven (7) voting members, one elder and representatives of the FNQLHSSC and Health Canada, as follows:

<b>Marcelle Gros-Louis, Wendake</b>	<b>Mary Coon, Wemotaci</b>
<b>Gilbert W. Whiteduck, Kitigan Zibi</b>	<b>Bella Moses-Petawabano, Mistissini</b>
<b>Lise Kistabish, Abitibiwinni</b>	<b>Alex Sonny Diabo, Elder,</b>
<b>Keith Leclaire, Kahnawake</b>	<b>Marino Argentin, Health Canada</b>
<b>Debbie Delisle, Kahnawake</b>	<b>Marjolaine Sioui, FNQLHSSC</b>

The Regional Committee is supported by two full-time staff, which for the majority of the 1999-2000 fiscal year was Ms. Francine Vincent, who was replaced towards the end of the fiscal year by Ms. Marjolaine Sioui as the new Early Childhood Coordinator for the FNQLHSSC. Mr. Chad O'Brien is the Early Childhood Technician at the Commission. The Commission's Early Childhood Coordinator and support staff are directly responsible for providing direct support to the 27 communities that opted for the FNQLHSSC as the funding applicant. The Cree Regional Authority for its 8 communities also had a full-time coordinator. The FNIHB Regional Coordinator provided direct support to all other projects, in addition to managing the regional program including working closely with the FNQLHSSC to finalize their multi-community proposal. (27 communities)

It is expected that regional office, Quebec Region, FNIHB, will be in the recruitment phase for the coordinator position by the beginning of November 2000, with actual staffing by early December 2000.

## Regional Committee Operations and Activities

For the entirety of fiscal year 1999-2000, the Regional Committee was chaired by Mr. Garry Carbonnell, Executive Director of the FNQLHSSC. Since its May 2000 meeting, Marjolaine Sioui has been acting as the Chairperson and will continue until the terms of reference are approved .

The principal activity of the committee is to support First Nations communities with the planning, development, delivery and evaluation of First Nations Head Start On Reserve community projects in the Quebec Region. During the spring, summer and fall, the committee established the application process parameters, training and evaluation needs of the regional projects and identified funds for these activities. During the period of December through the end of January, the Committee received and reviewed a total 38 community projects.

Approximately one third of community submissions were returned for clarification and provision of additional information that clarified their integration into community childcare activities or to address the identified 6 components of the Head Start Program.

Of these 38 favourably recommended projects, 27 communities chose the FNQLHSSC as their applicant for funding. This resulted in 5 program contribution agreements covering 38 community projects. Two of those projects were multi-community projects covering 35 communities.

This fiscal year, the committee met a total of 4 times (June, August, November and March), and held 2 conference calls (March and December) for the purpose of establishing the training and evaluation needs of projects in the region, the proposal review process, the actual proposal review and recommendation process. Copies of the minutes are available on request in both official languages.

## Regional Committee Costs

The FNQLHSSC that acts as Secretariat to the Committee has spent \$36,781.00 for the activities related to the regional committee meetings. An amount of \$212,500.00 has been identified for regional activities for 1999-2000 and the provisional report indicates that \$206,100.00 was spent including training.

## Project Information

Number of proposals received	38
Number of proposals approved	38
Number of developmental projects	0
Number of operational projects	38
Number of projects that required construction	0

## **Linkages with Other Children's Programs**

All 38 communities eligible to apply for funding of a Community project in the Quebec Region were required to show the linkages to community programs or other community-funding agencies such as the HRDC Child Care Program, Social Services, to Band Councils or to other FNIHB funding, such as the Brighter Futures Program. Reflecting the importance of the Head Start program a number of project's submissions indicated that the Band Council would cover the project deficit. Most projects in the provisional narrative reports, report serving children, though not all of the children in their respective communities. A number of preliminary reports indicate that there are children who cannot be accommodated by the Head Start program in their respective communities due to insufficient space or funds. The total number of children that cannot gain admittance to the Head Start Projects has not been tabulated due to missing information for a number of communities. This will be updated when it becomes available.

Linkages have also occurred with the regional Health Promotions and Programs Branch, though this needs to be further developed in the current fiscal year.

## **Site Visits**

Contact was maintained by telephone with the Cree Nation of Nemaska as the first of four projects was not approved until midway through December of 1999. Program contribution agreements were subsequently drafted and mailed out starting in January of 2000. Several site visits have occurred early during the 2000-01 fiscal year. They are as follows:

- Kahnawake
- Kitigan Zibi
- Essipit
- Gesgapegiag
- Listuguj
- Kitcisakik
- Lac Simon

## **Regional/Community Evaluation**

Considerable discussion and work occurred during the 1999-2000 fiscal year to implement a regional evaluation strategy that resulted in a contract being let. The regional plan is to identify and carry out the necessary data collection in the second year in order that an evaluation is possible in year three or in fiscal 2000-01.

## ***Ontario Region***

### **Regional Committee Structure and Membership**

The First Nation Head Start Regional Working Group (FNHSRWG) was established in September 1998 to support First Nations with the planning, development, delivery, and evaluation of First Nation Head Start Projects in Ontario. The FNHSRWG is comprised of two representatives from each of the four Political Territorial Organizations (PTO) and two representatives from the Independent First Nations. The committee is further comprised of one First Nations and Inuit Health Branch representative from each of the zones in Ontario Region, as well as the First Nations and Inuit Health Branch Regional Nutritionist. One of the PTO representatives is also a qualified Early Childhood Educator working within a day care facility in a First Nation community. Another representative is a Project Director for one of the approved projects.

#### **Membership:**

Elaine Johnston Alan Roy	Union of Ontario Indians
Audrey Logan Kevin Tegosh	Association of Iroquois and Allied Indians
Deanna Jones-Keeshig Holly Charyna	Independent First Nations
Bentley Cheechoo Julie Jardine	Nisnawbe-Aski Nation
Richard Greene 1 vacant	Grand Council Treaty #3
Connie LesperanceTBZ Carol Terry, SLZ (now vacant) Lori Doran, Nutritionist Southern/Moose Factory (vacant)	First Nations and Inuit Health

The FNHSRWG and projects, are supported by two First Nations Head Start Program Managers, one located in the south and one located in Northern Ontario as well as an Administrative Assistant.

### **Regional Committee Operations and Activities**

The OFNHSRWG met a total of nineteen times this fiscal year. Thirteen of the meetings were face-to-face in various locations across Ontario, and six were conducted



through teleconference. A great deal of work was performed, resulting in the completion of the following major activities:

- Establishment of proposal review process, proposal rating and selection tools
- Proposal review committee established, proposals reviewed and 15 projects recommended for funding
- Analysis of all needs assessments and proposals received resulting in a report that supports the need for expansion of the FNHS Program in Ontario Region
- Regional First Nations Head Start Conference held for all approved projects
- One time requests from projects reviewed and recommended for approval
- Options paper for Evaluation Framework in Ontario Region developed
- Review and input into National FNHS documents - National Reporting Template, National Evaluation Framework, National Standards Reference Guide
- Participation on the National FNHS Committee and sub-committees (National Standards Reference Guide)

**Regional Committee Operating Costs**

The FNHSRWG operating costs total \$87,215.00 and is inclusive of travel, accommodations, meals, meeting spaces, hospitality and Elder honorariums.

**Project Information**

The total number of projects open and serving children at this time is 0. All of the 15 approved projects are currently performing renovations and start-up developmental activities. None were open to receive and service children to date. Total numbers of children that are anticipated to be served in centre-based facilities are approximately 647 in total. The total number of children and parents served in a home-based program is anticipated to be approximately 208. Once the programs undergoing reconstruction and development activities are operational, total numbers will then be determined.

Number of proposals received	69
Number of proposals approved	15
Number of developmental projects	0
Number of operational projects	0
Total number of projects that required construction	15
Total number of projects with Parental Advisory Committees:	15
Total number of projects starting up/hiring staff, but not serving children:	14

**Linkages with Other Children’s Programs**

There has been significant work completed on a number of different levels to create linkages with other children’s program areas. All projects in Ontario, with the exception of one, are complying with the Day Nurseries Act, so there are natural linkages with any existing Child Care programs. Moreover, a number of projects have integrated the FNHS and Child Care programs together to capitalize on human resources, program resources and experience.

Several projects have also targeted in-kind contributions as a means of integration including finances to supplement their budgets. However, these in kind contributions also include human resources, volunteer hours, health promotion materials and resources, policies and curriculum.

At a regional level, the program managers have supported project integration through regular meetings with other program leads such as Canadian Prenatal Nutrition Program and First Nation Health Information System. The program managers have also facilitated linkages between projects and Ontario Ministry of Community and Social Services staff to ensure all capital plans, health and safety requirements and ongoing programming comply with the Day Nurseries act. Linkages have also been created with regional Health Promotions and Program Branch staff and consult with each other on a regular basis on such areas as evaluation and program delivery. Although the program managers maintain contact with representatives from HRDC and DIAND, this needs to be further developed and will be completed in the 2000/2001 fiscal year.

### **Involvement of Smaller Communities**

A commitment was made in the Ontario Region to ensure that all communities had equitable access to the call for operational proposals. In the 1998/1999 fiscal year, a call for proposals was released allowing all communities to access funds to complete a needs assessment or to develop an operational FNHS proposal. The needs assessment/developmental funds enabled smaller communities to hire consultants to complete proposal tasks that would ensure an equitable base to access funds in the second proposal round. In the early part of this fiscal year, the call for operational proposals (second round) was sent out to all First Nations in Ontario. In response, several smaller communities submitted proposals requesting FNHS funds.

### **Site Visits**

Several site visits occurred over the last fiscal year to assist projects in the development of operational proposals and work plan/budget revisions. The site visits locations are as follows:

Missinabe Cree  
Kettle and Stoney Point  
Wikwemikong  
Akwasasne  
Temagami  
Chippewas of the Thames  
Deer Lake  
Long Lake  
Naotkamegwaning  
Sandy Lake

Chippewas of Sarnia  
Lac Seul  
Shequindah  
Tyendinaga  
Oneida Nation  
Moravian Delaware Nation  
Ginoogaming  
Muskrat Dam  
Pic River  
Webequie

## **Regional / Community Evaluation**

Evaluation has been a major focus of activities in the 1999/2000 fiscal year. In November, the FNHSRWG directed that a consultant be procured to assist projects in implementing their local evaluations, highlight types of evaluation, and to determine the role that the FNHSRWG had in ongoing evaluation. Throughout the latter months of the fiscal year, FNHS projects were consulted on current and future FNHS evaluation activities. As well, an analysis was completed of the National Evaluation Framework to determine the impact on projects with the intent to lessen response burden in communities. All projects had further input into the consultation process through participation at a regional workshop during which all recommendations were finalized. The final product also highlighted a number of recommendations that will be actioned in the 2000/2001 fiscal year. The Ontario FNHS projects were also given the opportunity to provide input into the development of the National Reporting Template. These and other evaluation activities are ongoing.









## ***Manitoba Region***

### **Regional Committee Structure and Membership**

The membership of the Regional Advisory Committee (RAC) consists of grassroots appointed First Nations band members and representatives from Tribal Councils. The committee also includes ex-officio committee members from Health Canada, DIAND and PPHB acting in an advisory capacity. The RAC has continued to evolve over the past fiscal year and is actively supporting the long term goals of integration and community development with respect to children's programs.

#### **Membership:**

Andy Wood	Chair, Island Lake Tribal Council
Ron Cook	Co-Chair, Cree Nation Tribal Council
Hazel Colon	Norway House Cree Nation
Cathy Merrick	Cross Lake First Nation
Dawn Roberts	Dakota Ojibway Tribal Council
Hilda Bon	West Region Tribal Council
Jeannette Lynxleg	Tootinaowaziibeeng Health
John Spence	Keewatin Tribal Council
Laura Sauderson	Anishnabe Mino-Ayaawin Inc.
Lillian Saunders	York Factory First Nation
Louise Contois	Opaskwayak Cree Nation
Marilyn Harry	Southeast Resource Development Council
Mindy Sinclair	Peguis Development Centre
Betty-Ann Lavallee	Health Promotions Branch
Wayne Govereau	Department of Indian and Northern Affairs
Mary Brown	Regional Consultant, First Nations and Inuit Health Programs

### **Regional Committee Operations and Activities**

The Regional Advisory Committee (RAC) provides direction to Health Canada to ensure the mandate and priorities established by the committee are met. Ex-officio members act as liaison between departments to ensure coordination and sharing of information that impacts Aboriginal Head Start. Additionally, ex-officio members provide knowledge and expertise about federal and provincial government programs, services, policies and legislation relating to AHS. The committee strives towards a consensus to ensure that the advice and guidance is supported as a whole. If consensus cannot be reached with respect to a decision that must be taken within a specific time frame, a majority vote will then be utilized as a last resort.

In June 1999, the RAC had made their final determination after a lengthy process of proposal review and approval to award funding to 20 projects. In February 2000, a status report of the AHS projects was requested by the advisory committee due to concerns regarding the actual operations of the projects which had been approved. Concerns were voiced on 4 projects upon completion of all reviews. The RAC determined that 3 projects would have their funding terminated due to the substantial deviations from their original proposals and implementation of their programs. An appeal process is included within the Terms of Reference whereas provisions were in place where the communities had the opportunity to appeal the recommendations of the advisory committee. As of March 31, 2000, the appeals are on-going at the Regional level.

Two projects agreed to participate in the pilot testing of the Draft National AHS On Reserve Reporting Template. The two communities were York Factory and Tootinawaziibeeng. Both projects were in agreement that this was a very resourceful tool and projects have accepted and embraced the draft reporting template. On February 23 - 25, 2000, the 2<sup>nd</sup> annual conference titled "Leading the Way to Healthy Communities" was held at the Holiday Inn in Winnipeg, Manitoba. The conference workshops included: Developing Policies, Child Development/Developing the Child, Health and Nutrition, Special Needs, Partnerships, Community Values, FAS/FAE, Parental Involvement, Bridging the Gap, Curriculum Development and Healing. Additionally, a session was conducted in the area of examining self governance which was titled "Change from Within" as well as two presentations from an On Reserve project and an Off Reserve project.

A regional training program was held on March 27 - 30, 2000. There were 38 participants from 16 of the 20 projects. There were five day long training sessions entitled: Human Resource Management, Financial Management/Budgeting, Parental Involvement/Board Development, Cross Cultural Training and Child Development. Upon completion of the training an evaluation report was completed. Upon review of the responses, the report clearly reflects a successful training program. Overall, participants were encouraged by the training they received, and look forward to on-going training.

### **Regional Committee Operating Costs**

The regional committee operating costs for 1999/2000 were \$154,000.00.

### **Project Information**

Total Projects open and Serving Children	20
Total Children	922
Total Male	452
Total Female	470

Ages 0 - 1	158
1 - 2	152
2 - 3	165
3 - 4	191
4 - 5	155
5 - 6	101

Total Children with Special Needs	130
Total Male	69
Total Female	61

Ages 0 - 1	19
1 - 2	26
2 - 3	20
3 - 4	31
4 - 5	15
5 - 6	19

Types of Special Needs identified: Developmental, Physical, Behavioural, Intellectual, Emotional, Communication

Total Parental Involvement in Project	373
Total Breakdown of Staff-Child Ratio	7:1
Total Staff	126
Total Children	922
Total Staff	126
Total Children on Waiting Lists	676
Total visits by Public or Community Health Nurse or other Health Staff	73
Total Visits by Dental Staff	7
Total Projects with Parental Advisory Committee	17
Total Projects that required construction/renovations	8
Total Projects still under construction/renovation	1
Total Projects starting up/hiring staff, not serving children	0

### Linkages with Other Children's Programs

The RAC has recommended that all projects funded be stand alone on-site projects. However, for effective program delivery to occur in communities, the projects have linked up with many of the existing programs through in-kind contributions, utilization of existing infrastructures and cost sharing of resources in the area of staffing, administration and various activities.



### **Involvement of Smaller Communities**

A call for proposals was initiated in 1998/1999 for needs assessment and developmental dollars. All First Nations communities had an opportunity to access this process and meet required deadlines. The proposal process was based on merit as well as identified needs. Twenty projects became fully operational with three projects recognized as smaller communities.

### **Site Visits**

During the fiscal year 1999/2000, site visits were conducted at the following locations:

Hollow Water	Brokenhead
Bloodvein	Little Black River
Little Grand Rapids	Split Lake
Rolling River	Keeseekoowenin
Tootinaowaziibeeng	

### **Regional / Community Evaluation**

Manitoba Region submitted to Public Works a request to tender the regional evaluation contract utilizing the draft national template as a guideline. The deadline for bidders was June 8, 2000.





## Saskatchewan Region

### Regional Committee Structure and Membership

The Federation of Saskatchewan Indian Nations (FSIN) is the political organization of First Nations governments in Saskatchewan. First Nations health issues in Saskatchewan are under the purview of the Health and Social Development Commission Chiefs (HSDCC) - a commission under the political umbrella of the FSIN. Any recommendations that evolve from the Regional Management Committee (RMC) must be approved by the HSDCC prior to implementation.

The Community Based Health Services Unit of the First Nations and Inuit Health Branch (FNIHB) works in partnership with the First Nations Head Start (FNHS) RMC and reports to the FNIHB Saskatchewan Region Executive Committee.

The First Nations Head Start On Reserve Regional Committee consists of:

- One Elder representative
- One representative from each Tribal Council area and
- One representative from each of the Independent First Nations

The FNHSOR Committee can have up to 18 members. The technicians from FNIHB and the HSDCC of the FSIN attend all meetings in an ex-officio capacity and provide all the necessary technical support to the committee.

Representatives from the Department of Indian Affairs and Northern Development (DIAND), Human Resources Development Canada (HRDC), Population and Public Health Branch (PPHB), Saskatchewan First Nations Women's Secretariate (SFNWS), and Indian Child and Family Services (ICFS) will be invited to attend all meetings in an ex-officio capacity.

### Regional Committee Operations and Activities

Regional Committee Operating Costs	
Coordination	\$ 91,137.00
Committee Meetings	\$ 54,255.00
Training	\$ 353,608.00
<b>Total Costs</b>	<b>\$ 499,000.00</b>



## Project Information

Item	Number
Number of proposals received	48
Number of proposals approved	48
Number of developmental projects	45
Number of operational projects	3
Number of projects that Required Construction/Renovations	3
Number of projects Still Under Construction/Renovations	1
Number of projects Starting up/Hiring Staff but not Serving Children	0
Number of projects Open and Serving Children	3
Number of projects with Parent Advisory Committees	3
Number of Parents involved in Projects	160
Number of Children Involved in Projects	103
Number of Children - Age 3 (female)	28
Number of Children - Age 3 (male)	27
Number of Children - Age 4 (female)	28
Number of Children - Age 4 (male)	20
Number of Children on Waiting Lists	350

## Monthly Visits

Visitors	Frequency
Dental Staff (3)	2/month
Public or Community Health Nurse	3/month
Community Health Representative	1/month
Elders	daily
Other Parent Education Trainers	2/week

Visitors	Frequency
Education Psychologist	1/month
Speech Pathologist	1/month
Child & Family Services	1/month

### **Linkages with Other Children's Programs**

The focus of health services in Saskatchewan is linkages through the development of a First Nations' Children's Strategy, of which FNHS is a major component. The overall approach is centralized, coordinated, and highly integrated at all levels.

Regionally, membership on the RMC includes a cross section of representatives from Day Care, Indian Child and Family Services, Education, Health, Child Development, and Brighter Futures.

A revised approach for Saskatchewan has resulted in stronger coordination and integration at the Second Level (Tribal Council).

Individual communities have developed their own unique set of linkages. Overall, at the community level, linkages include the Royal Canadian Mounted Police (RCMP), Brighter Futures, National Native Alcohol and Drug Abuse Program, Building Healthy Communities, Indian Child and Family Services Agencies, Day Care, Education, Health Social Development, Saskatchewan Health Districts, Early Childhood Intervention Programs, the Saskatchewan Institute on Prevention of Handicaps, and the Urban and Northern Head Start Programs.

In Saskatchewan, 48 projects were funded for 78 communities under Aboriginal Head Start. Of these 78, only 11 communities have an on reserve population of more than 1000; 34 communities have an on reserve population between 500 and 999; and 33 communities have an on reserve population of less than 500.

The revised approach ensures continued involvement and sustainability and viability of smaller communities.

### **Site Visits**

With the high number of developmental projects for the Saskatchewan Region, site visits were not feasible given the overwhelming administrative duties. One visit was made to Pasqua First Nation.

The FNHS Coordinator from the FSIN made several site visits in the 1999/2000 fiscal year.

The RMC and FNIHB are planning joint site visits beginning September 2000. Headquarters staff will be invited to participate.

### **Regional/Community Evaluation**

The RMC's Evaluation Sub-Committee mapped out a draft regional evaluation framework. The framework will be presented to the RMC in September 2000 for finalization.







## Alberta Region

### Regional Committee Structure and Membership

The Alberta Aboriginal Head Start Steering Committee has established a formal Terms of Reference and is comprised of a multi-disciplinary group of approximately 20 representatives. The representatives are from the 3 Treaty areas and are First Nations individuals from health, education, child care & daycare, Indian Affairs, Health Promotion & Programs Branch and Human Resources Development Centre are also represented on the steering committee.

The Committee is co-chaired by three Treaty representatives (Treaty 6,7 &8). Each Treaty Organization has a budget which supports the following:

- Steering Committee Activities
- Treaty Head Start Coordinators Meetings
- Training (Workshops and Conferences)
- Evaluation Framework and Reporting Template
- Computers for AHS Coordinators

### Regional Committee Operations and Activities

The Alberta Aboriginal Head Start Regional committee meets on a regular basis to review status of the 41 operational projects as well as reviewing challenges which have surfaced in the course of the administration of the programs. To date, these challenges have included adequate accommodation, adequate transportation, and the ability to accommodate handicapped children.

### Regional Committee Costs

The total budgeted amount for the above in fiscal year 1999/2000: \$176,469.00

The 1999/2000 budget for AHS in Alberta was \$3,529,405.00. No money was held at the Region for salaries and operating. The full allocation was made available, through the contribution allotment, to First Nations either to support the Community Head Start Projects or the activities of the AHS Steering Committee.

#### *Contribution (AHS)*

This section included the sum total of all monies distributed to each individual reserve involving salaries and operational figures for the 1999/2000 fiscal year.

Total: \$ 3,250,050.37

#### *Contribution (Other)*

This section includes the sum total of monies either donated or given in-kind to AHSOR programs for the 1999/2000 fiscal year. It should be noted that major contributions were made in many, if not all of the Head Start programs involving the donation of a facility, 50%

of staff salaries, utility costs, and a number of other areas. The sum total includes only capital given to the Head Start programs, and does not reflect the total value of goods and services donated.

Total: \$ 69,485.58

## Project Information

### *Total Number of Projects Open and Serving Children: 41*

Some communities initiated multiple programs, due either to space restrictions within the existing facility that the Head Start Program was being delivered from, while other communities had just one program. The total number of projects open and serving children for the 1999/2000 fiscal year was 41.

### *Total Number of Children Broken Down by Age and Sex:*

The focus age groups that would be targeted by Head Start was ultimately left up to each individual reserve to decide. Each community had their own idea of which children would most benefit by participating in this first operational year of the Head Start On Reserve Program. As a result, the age ranges include children from 0-6 years of age, which is indicated by the following data:

0-12 months:	39 males 30 females
1 year:	42 males 34 females
2 years:	45 males 49 females
3 years:	140 males 134 females
4 years:	127 males 96 females
5 years:	44 males 53 females
6 years:	15 males 14 females

*Total number of children served by Head Start: 862*

*Total Number of Children with Special Needs: 77*

Children with special needs were classified according to the following categories: developmental, physical, behavioural, intellectual, emotional, and communication. Because some AHSOR programs were not operational during the initial period of the 1999/2000 year, some evaluations of the special needs students included non-professional diagnosis and were observational in nature. Other programs that were operational earlier on during this time frame, did make the necessary arrangements for professional diagnosis to be completed. The number includes both professional and non-professional diagnoses of special needs children.

*Total Number of Parents Involved in the Project: 252*

Parental involvement is an essential aspect to the Head Start program, and as such is included as one of the six components of Head Start. This section will include the number of parents who were actively involved in the Head Start program. While compiling this section of data, it was noted that each AHSOR program had made an attempt to involve the parents of the children being served. Some programs received wide support as indicated by the number of parents involved in their projects. Others found it difficult to establish this direct relationship of parent and program, but in many aspects managed to meet this requirement in some form. The number includes the total of actively involved parents only.

*Total Number of Staff: 186*

The personnel for this section includes positions such as Head Start Coordinator, staff working directly with children, support staff, etc.

*Staff Child Ratio: 1:6*

The Head Start Program must adhere to rules and regulations set forth by the provincial government of Alberta regarding the total number of children per individual employee. Each individual Head Start followed the guidelines that pertained to their own unique age group of children. The average for the Head Start Program On Reserve is a 1:6 ratio.

*Total Number of Children on Waiting Lists: 617*

Accommodating all of the children who applied to participate in the Head Start program varied individually with each reserve. Many reserves, due to lack of space within their existing facility, lack of a suitable facility, lack of trained staff, lack of human resources, etc. could not service all of the children who applied to partake in a program during the 1999/2000 period.

As a result, many children were put on a waiting list during that time. Some children were able to participate in the Head Start program once other children, for various reasons, had been removed, while yet other children were not able to participate at all. Other reserves found little difficulty in accommodating the children within their communities.



*Total Number of Projects with Parental Advisory Committees: 15 (formal)*

As a consequence of the 1999/2000 period being the first operational year for AHSOR programs, many reserves experienced difficulty in developing and forming formal parental advisory committees (formal - president, secretary, treasurer, etc). Many communities managed to involve parents in activities that could be referred to as parental advisory council initiatives such as fundraising, while others developed formal parental advisory committees.

*Total Number of Projects that Required Construction/Renovation: 10*

As a requirement for the accommodation of the Head Start program initiative, it was agreed that existing building facilities be utilized rather than building new structures specifically for Head Start. As a result of this requirement, some communities were forced to renovate and update current existing facilities to meet health and safety standards. In cases where construction/renovation was required, the projects used "other sources of funding" to pay the incurred costs.

*Total Number of Projects Still Under Construction/Renovation: 2*

Some projects experienced difficulties in acquiring an existing facility earlier on in the year and as a consequence had to renovate later when one was donated.

## **Linkages with Other Children's Programs**

As noted, HRDC, PPHB and DIAND are full participants on the Steering Committee. As part of the review/approval process, of all Head Start Operational Plans, communities were required to show linkages with other programs either financially or in kind.

### **Involvement of Small Communities**

This was not an issue in Alberta as the smallest community has 19 children 0 - 6.

## **Site Visits**

A consulting firm was hired for the last quarter of the fiscal year to conduct site visits of all the 41 project sites in order to accomplish the following:

- Ensure all projects were operational and meeting the requirements of the AHS six components; and
- Implement a community based reporting template to begin to capture information for evaluation.

A Regional Training Workshop was held for 3 days during the last quarter of the fiscal year. This workshop brought all the Project Coordinators and site staff together and was a tremendous success.

*Total Number of Visits by Health Staff in 1999/2000: 477*

Because health is one of the six components of Head Start, it is essential that health staff from all areas of expertise are incorporated into the program. These professionals, ranging

**Aboriginal Head Start On Reserve Program**  
**First Nations and Inuit Health Branch**  
**1999-2000 Annual Report**  
**CORRECTIONS**

Please note the following corrections on pages 17 and 27:

Page 17        Under "Project Information" it should read "Number of developmental projects 15" rather than 0

Page 27        Logo should read "Saskatchewan First Nations Head Start Approach 2000"

We apologize for any inconvenience these corrections may have caused.

**Programme d'aide préscolaire aux Autochtones**  
**1999-2000 RAPPORT ANNUEL**  
**Les Corrections**

Sil vous plait, veuillez noter les corrections suivantes sur les pages 17 et 27.

Page 17        sous "Information sur les projets" devrait indiquer "Nombre de projets en voie de développement 15" au lieu de 0

Page 27        Le logo devrait indiquer "Saskatchewan First Nations Head Start Approach 2000"

Veuillez accepter nos plus sincères excuses pour l'inconvénient que ces corrections vous ont causé.



from community health nurses, physicians, employees of Health Canada, etc. can share knowledge and provide presentations to both staff and children, in efforts to educate each individual about the importance of living and maintaining a healthy lifestyle.

*Total Number of Visits by Dental Staff: 80*

Also included in the health portion of Head Start is the importance of maintaining proper dental hygiene. Through various efforts, either a dentist, dental therapist, dental hygienist, or dental assistant, were at some point during the year, able to visit some of the Head Start programs. These visitations included presentations, education on brushing and flossing, and other dental tips that proved beneficial for both staff and children.

**Regional / Community Evaluation**

A report template has been implemented in the Alberta Region.



## ***Pacific Region***

### **Regional Committee Structure and Membership**

The Regional Advisory Committee was structured in accordance with national requirements. Representatives from a variety of government agencies and First Nations organizations comprise the membership committee. The community representatives were nominated from the community level and selected by the Regional Advisory Committee. Terms of Reference were developed and implemented. The Regional Advisory Committee and Terms of Reference are currently being restructured for the 2000/2001 fiscal year. Following are the members who participated on the RAC to various degrees during the 1999/2000 fiscal year.

Chief Margery McRae	Co-Chair, Regional Advisory Committee
Agnes Snow	Alternative Representative, Chiefs' Health Committee
Anita Jack	INAC - National Child Benefits
Marie Baretto	INAC - K4/5 Education Program
Rose Sones	AHS Urban & Northern Program - PPHB
Margo Greenwood	Aboriginal Child Care Society National Advisory Committee Alternate
Brenda Baptiste	Southern BC Representative
Carrie Joan Reid	Vancouver Island Representative
Diane M. France	North Eastern BC Representative
Melva Quock	North Western BC Representative

### **Regional Committee Operations and Activities**

The BC First Nations Head Start Regional Advisory Committee met twice (September and January) over the 1999/2000 fiscal year. There were numerous conference calls and small working group meetings with sub-committees. The primary role of the RAC and the sub-committees for this fiscal year was to provide direction and expertise to Health Canada in areas such as policy development, program review and monitoring, identifying and addressing issues at the community level, and ensuring that accountability is being maintained. Community information sessions were held throughout the region to ensure

information was being shared with all First Nations in British Columbia. Initial committee meetings focussed on determining a process for the Call for Proposals as well as a process for proposal review, which included the development of criteria for proposal reviews. The committee has also developed and ratified Funding Policies, and is currently developing draft Monitoring Policies, which will be implemented throughout the next fiscal year. The committee continues to be chaired by the Chiefs' Health Committee representative.

### **Regional Committee Operating Costs**

This information is not available with the current reporting format available. The costs for the RAC are not identified as separate on the expenditure report. (For example, the travel costs for the RAC are included with the travel costs of one staff member who is a non-public servant employee)

### **Project Information**

- total number of projects actually open and serving children is 50
- total number of spaces is 1376
- total number of girls is 356\*
- total number of boys is 356\*

\*The reason these numbers do not total to the number of spaces is because some of the projects only provided information on their totals and we did not have the specific information on the breakdown of girls to boys, or age distribution of children with special needs.

- total number of 0-2 is 153
- total number of 2-4 years old is 303
- total number of 4-6 years old is 401
- total number of girls with special needs is 24
- total number of boys with special needs is 49
- types of special needs include communication, FAS/FAE, speech behaviour, attention deficit disorder, speech delay, physical/hearing impaired, cerebral palsy
- total number of parents involved is 522
- approximately 39 projects have an active Parent Advisory Committee, while the others either do not, or have not yet started their committees
- total number of projects still under renovations is 7
- total number of programs starting up/hiring staff, but not serving children is 3
- total number of staff is 230.5
- staff child ratio is approximately 1:6
- total number of children on waiting lists is 258
- total numbers of health staff visits is 260
- total number of dental staff visits is 49

## **Linkages with other Children's Programs**

Linkages are made with other children's programs both at the RAC level as well as at the community level. The RAC has included in its membership the following organizations: Aboriginal Child Care Society (HRDC Child Care Initiative), DIAND K4/5 and National Child Benefits Program, Urban and Northern AHS Program, Education Specialist, and the four community representatives who all had a background in child care and/or education.

At the community level both funding and program linkages were made with other children's and health programs such as the following:

- Band Social Services Programs (sexual abuse intervention worker, family preservation officer, alcohol/drug workers)
- Band Health Services (CHR, CHN, addiction prevention counsellor, nutritionist, infant development worker, CPNP, community kitchen program, meals on wheels)
- Band Community Services (Gathering Strength, Healing Fund Programs) and schools (transportation, staff, resources, facilities)
- Band Day Cares (staff, licensed facilities, resources)
- Community Day Cares (off reserve)
- BC Aboriginal Child Care Society/HRDC (one time capital purchases or ongoing operational funding)
- INAC - K4/5 funding and National Child Benefits
- Ministry of Child and Family Services (capital purchases, referrals)
- School District (staff, resources, facilities)
- First Nations School Association (language and curriculum development)
- HRDC training programs
- Community Family Centres, Crisis Centres (off reserve)
- District and Community Resources (family services offered off reserve)
- Elders Councils
- Provincial Health Units
- Native Education Centres (language development, cultural curriculum)
- Band Administration (donate facilities, utilities, administration costs)
- Community Fundraising
- Tribal Council (language development funds)
- Speech and Language Therapists

## **Involvement of Smaller Communities**

Most of the 55 funded projects are "smaller" communities with the average community population size of 350. We have a range of project sizes from 4 to 105 children, however, the average number of children involved in the Head Start programs is 17. This can be a challenge for some of these funded projects as it is difficult for them to make program

linkages. Although smaller communities have less funding in all program areas and are sometimes unable to make the funding linkages required, they are striving to effectively implement the 6 Head Start components.

### Site Visits

There have been a total of 30 site visits completed. They include the following:

Lower Similkameen	Okanagan
Osoyoos	Penticton
Coldwater	Lower Nicola
Yekooche	Tlaz't'en
NorthThompson	Chase
Pavillion	Nzenman
Fountain (Xaxl'ip)	T'it'Kit
Chehalis	Chawathil
Nlaka'puxw	Heiltsuk
Kwakiutl	Namgis
Skidegate	Gingolx
Gitwangak	Sik-E-Dak
Kispiox	Kyah Wiget
Gitsegukla	Metlakatla
Kitselas	Kitsumkalum

### Regional / Community Evaluation

First Nations consultants have been contracted to develop a regional evaluation framework. They have completed their first draft and are close to completing the second draft for review. A working group from the RAC has been actively involved in this process from developing the terms of reference, selection and interviews, to reviewing and providing feedback to the first draft.



## **Reports on Northern Equity - PPHB's AHS Program for Urban and Northern Communities**

### **Northern Equity**

The Aboriginal Head Start (AHS) program was announced in May 1995 and this initial program managed by PPHB, was intended to serve First Nations, Inuit and Metis children and their families living in urban centres and large Northern communities. Included amongst this population were First Nations (on reserve) and Inuit children who normally are served by the First Nations and Inuit Health Branch for other health programs and services. The initial AHS program for Urban and Northern communities utilized a population base for allocations to regions without the same consideration for remoteness and weighted population factors that are considered by FNIHB for their populations.

With the expansion of the AHS program to On Reserve communities, the issue of equity for the north under the existing AHS for Urban and Northern communities was raised. FNIHB and PPHB assessed the equity issue through the comparison of allocation methodologies and Health Canada determined that an equalization payment would address issues of equity. Due to the inclusion of remoteness factors and weighted population, it was determined that an ongoing annual amount of \$709,000 would address the variance for Yukon, NWT, Nunavut, Northern Quebec and Labrador. This funding allowed for the enhancement of existing programs and the creation of new programs for First Nation and Inuit communities in the North.

### **Atlantic**

In the Atlantic Region during the 1999/2000 fiscal year, \$112,000 was allocated and expended to the community of Sheshatshiu. This funding went to capital and training. There is only one site funded through Northern Equity in the Atlantic Region. The number of children being served at the moment is zero because the project is still in its developmental phase. In their operational proposal the target number is 23 and the age group served will be two to five years of age. The community of Sheshatshiu had made the short list during the last solicitation for funding for the AHS Program. It was decided by the Manager of Children's Programs and the AHS Program Consultant, in consultation with the Regional Director, the former AHS Program Consultant and others in the Atlantic PPHB office who were involved in the environmental scan and early consultations.

### **Quebec**

Nil Report. The Quebec Region did not use funds allocated under the Northern Equity.

## **Alberta/Northwest Territories/Nunavut**

### ***Summary:***

During the first quarter of the 1999-2000 Fiscal year, the Health Promotion and Programs Branch Alberta/NWT/Nunavut worked in consultation with the Western Arctic Aboriginal Head Start Committee (WAAHSC) and the Nunavut Head Start Steering Committee (NIHSC) to make recommendations regarding the distribution of northern equity funds. The role of each committee included planning a letter of intent and full proposal strategy; and, based on consensus decision-making processes, making final recommendations to PPHB Alberta/NWT/Nunavut. Upon completing these processes, both committees were able to recommend to Health Canada a community and project sponsor that, through the Aboriginal Head Start initiative, would produce the strongest outcomes for children and their families. The recommended communities for a new AHS project were Rae-Edzo, Northwest Territories and Pond Inlet, Nunavut.

### ***The Consultation Process:***

*Northwest Territories:* The process for the Northwest Territories (NWT) involved both letters of intent and a full proposal. The WAAHSC recommended targeting a letter of intent invitation package to nine (9) communities in the Sahtu and Dogrib Regions based on an analysis of existing federal and territorial funding for early childhood projects. To ensure that communities were fully aware of the additional new resources, an average of four (4) different organizations in each community were invited to submit a letter of intent. The organizations receiving the letter of intent package included health centres, band councils, First Nations organizations, schools and economic/land development and hamlet offices. As a result, five (5) letters of intent were received. Upon WAAHSC review and assessment, two (2) organizations were invited to submit full proposals for which five thousand dollars (\$5,000.00) was made available for proposal development. Once the full proposals were reviewed and assessed, WAAHSC submitted their recommendation to PPHB Alberta/NWT/Nunavut.

*Nunavut:* The process for Nunavut also involved a letter of intent and full proposal process. The biggest difference in the NIHSC strategy was to target all communities in Nunavut to submit a letter of intent, with the exception being a few extremely small outposts in the central high arctic. The invitation package to submit a letter of intent was also sent to an average of four (4) organizations in each community. As a result, eight (8) letters of intent were received. Upon NIHSC review and assessment, two (2) organizations were invited to submit full proposals for which five thousand dollars (\$5,000.00) was made available for proposal development. Once the proposals were reviewed and assessed, NIHSC submitted their recommendations to PPHB Alberta/NWT/Nunavut.

### ***Consultation Results***

Two (2) new northern Aboriginal Head Start projects received Ministerial approval for funding through the Northern Equity Monies - one each in the Northwest Territories and Nunavut.

- 1) Rae-Edzo, Northwest Territories: Rae-Edzo Aboriginal Head Start; Dogrib Community Services Board. Ministerial Approval August 17, 1999. Forty (40) children are eligible, thirty-six (36) attend regularly.
- 2) Pond Inlet, Nunavut: Our Children - Mittamatalik's Future, Pond Inlet Health District Education Authority. Ministerial Approval September 27, 1999. One hundred (100) children are eligible, program not operational during the fiscal year 1999/2000 due to timing of ministerial approval, start-up and building requirements.

### **Yukon**

In the 1999/2000 fiscal year, the Yukon Region expended a total of \$201,165.00 from a possible \$230,000.00 from the FNIHB Northern Equity monies. The Yukon Region expended \$194,673.00 for Grants and Contributions. The use of G & C funds included: purchase of resource materials, utilities, special events (including a Community Feast at each of the three (3) sites), development of a parent handbook, staff training and November staff conference, and a part time family support worker. Other G & C costs included the regular operational costs to support the continuation of the program at each of the three (3) AHS sites.

Operating and maintenance (O & M) included \$6,492.00 for salaries. All Northern Equity funds were for the enhancement of the three (3) existing AHS projects.

### ***Northern Equity Allocation (1999 - 2000)***

Atlantic -	\$112,000.00
Quebec -	\$ 21,000.00
AB/NWT/NU -	\$346,000.00
Yukon -	\$230,000.00

<b>Total -</b>	<b>\$709,000.00</b>
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**Table - AHS Northern Equity Report for 1999-2000**

<b>1999-2000</b>	<b>Grants and Contributions</b>	<b>O &amp; M</b>	<b>Capital</b>	<b>Salaries</b>	<b>Total</b>
Atlantic	112,000	0	0	0	<b>112,000</b>
Quebec	0	0	0	0	<b>0</b>
Nunavut	100,000	31,013 (travel, training and meeting costs)	0	33,999	<b>165,012</b>
NWT	105,000	31,013 (travel, training and meeting costs)	0	33,999	<b>170,012</b>
Yukon	194,673	0	0	6,492	<b>201,165</b>
<b>Total</b>	<b>511,673</b>	<b>62,026</b>	<b>0</b>	<b>74,490</b>	<b>648,189</b>



## Summary

There was a great deal of progress made during the implementation of the AHS on Reserve Program during the 1999/2000 year. While a couple of regions will still be engaged in reviewing and approving proposals during the first half of the fiscal year 2000/2001, most regions completed their review and approval processes and can now begin to concentrate on assisting projects become operational. While there are some projects which are now operational and serving children, the next fiscal year should still be viewed as somewhat developmental as communities will attempt to implement their projects as per their initial proposals and discover that some adjustments may be required. Health Canada recognizes this and will work with the projects through these developments.

It has been encouraging to begin to see First Nations children and families being served. Dedicated staff and strong leadership in the communities should be credited with making the Aboriginal Head Start on Reserve Program a success in their communities.

## Table One

Number of Proposals Received, Total Number of Proposals Approved and Total Number of Communities and Children Expected to be Served (1999-2000)

Region	Total Numbers of Proposals Received	Approximate Dollar Amount Requested (\$)	Total Number of Proposals Approved - Operational and Developmental	Total Number of Dollars Released	Total Number of Communities Expected to be Served by Operational Projects	Total Number of Children Expected to be Served by Operational Projects
Atlantic	17	1,246,900	16 1	1,246,868	29	887
Quebec	5	2,718,995	5	1,677,010	38	1,333
Ontario	69	26,071,425	15	5,229,633	15	855
Manitoba	42	8,583,603	20	4,518,140	20	922
Sask.	48	10,469,931	3 45	3,744,000	8	103
Alberta	42	3,529,405	42	3,124,870	42	862
Pacific	150	35,187,935	55 3	6,145,617	73	1376
<b>TOTAL</b>	<b>373</b>	<b>87,808,194</b>	<b>156 49</b>	<b>25,686,138</b>	<b>225</b>	<b>6,338</b>

**Table Two**  
**AHS On Reserve Program Actual Expenditures**  
**1999-2000**

Component	Allocations	Salaries	Operating	Contributions	Total Expenditures
Atlantic	1,361,868	0	0	1,313,100	1,313,100
Quebec	2,742,455	0	2,200	2,527,000	2,529,200
Ontario	5,809,540	0	421,200	5,341,000	5,762,200
Manitoba	5,060,487	0	145,600	4,575,500	4,721,100
Saskatchewan	4,285,176	0	5,100	4,243,000	4,248,100
Alberta	3,529,405	0	59,700	3,415,100	3,474,800
Pacific	6,911,069	84,900	253,800	6,239,700	6,578,400
FNIHP	2,550,000	70,900	399,600	539,800	1,010,300
CSB Levy	41,000	0	41,000	0	41,000
PPHB Northern Component	709,000	74,490	62,026	511,763	648,189
<b>TOTAL</b>	<b>33,000,000</b>	<b>230,290</b>	<b>1,390,226</b>	<b>28,705,963</b>	<b>30,326,389</b>

**Note:** Overall, the program expended about 93% of its total 1999-2000 allocation. Approximately 2.7 million was surplussed in 99-00. In this first full year of operation, FNIHB national and regional offices devoted significant attention to work in partnership (with their respective First Nations committees) to facilitate approval and operation of Head Start projects. Subsequently, and due in part to a lack of human resources, less attention was able to be devoted to planned activities in the areas of evaluation, research, training, national reporting tool development and communications. Monitoring capacity, particularly during the last quarter of 1999-2000 did not enable an early advisory concerning possible project lapses. As a result of these factors, approximately 7% of the total allocation was not spent on Aboriginal Head Start. Un-utilized funding by the program in 99-00 was reprofiled to other First Nations and Inuit Health Branch expenditures. Measures will be undertaken to minimize any lapses within the next fiscal year and to ensure that the AHSOR funding is fully utilized for the program.

**Table Three**  
**Regional Capital Expenditures for AHS**  
**1999-2000**

Region	Capital
Atlantic	5,777.07
Quebec	139,599.00
Ontario	3,336,818.63
Manitoba	1,475,373.00
Saskatchewan	0.00
Alberta	0.00
Pacific	4,093.00
<b>TOTAL</b>	<b>4,961,660.07</b>

September 13, 2000







